

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO:

101583683
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED				AFTER 1st AMENDMENT				AFTER 2nd AMENDMENT			
	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	1											
1	1								1			
2	1								1			
3	1								1			
4												
5												
6	1											
7												
8				1								
9	1			1								
10				1								
11	1			1								
12	1			1								
13	1			1								
14	1			1								
15				1								
16				1								
17				1								
18	1			1								
19	14			1								
20	N			1								
21	14			1								
22	N			1								
23	14			1								
24	14			1								
25	14			1								
26	14			1								
27	14			1								
28	14			1								
29	14			1								
30	N			1								
31	14			1								
32	14			1								
33	14			1								
34	N			1								
35	N			1								
36	14			1								
37	N			1								
38	N			1								
39	14			1								
40	14			1								
41	14			1								
42	14			1								
43	14			1								
44	14			1								
45	14			1								
46	14			1								
47	14			1								
48	14			1								
49	N			1								
50	N			1								
TOTAL IND.		↓		↓			↓					
TOTAL DEP.		←		←			←					
TOTAL CLAIMS												